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Laurie Green, M.D.
Vice President

Edward A. Chow, M.D.
Commissioner

Susan Belinda Christian, J.D.
Commissioner

Cecilia Chung
Commissioner

Suzanne Giraudo ED.D
Commissioner

Tessie M. Guillermo
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HEALTH COMMISSION CITY AND COUNTY OF SAN FRANCISCO

London N. Breed Mayor
Department of Public Health



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MINUTES

HEALTH COMMISSION MEETING

Tuesday May 17, 2022 4:00 p.m.

**101 Grove Street, Room 300
San Francisco, CA 94102 & via Webex**

1) CALL TO ORDER

Present: Commissioner Dan Bernal President
Commissioner Laurie Green, MD, Vice President
Commissioner Edward A. Chow M.D.
Commissioner Cecilia Chung
Commissioner Suzanne Giraudo, Ph.D
Commissioner Tessie Guillermo

Excused: Commissioner Susan Belinda Christian, J.D.

The meeting was called to order at 4:03pm.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF MAY 3, 2022.

Action taken: The Health Commission approved the minutes of the May 3, 2022 meeting.

3) DIRECTOR'S REPORT

Grant Colfax MD, DPH Director of Health, presented the item.

SAN FRANCISCO LAUNCHES OFFICE OF COORDINATED CARE

Mayor London N. Breed and DPH announced the opening of the Office of Coordinated Care (OCC) as part of the unprecedented expansion of mental health and substance use services in San Francisco.

A key component of the 2019 Mental Health SF legislation, the OCC assigns case managers to people who are disconnected from behavioral health services, or who are making transitions in care from one setting to another. Case managers proactively support people to successfully access and remain in care so they can avoid falling back into a cycle of crisis. Previously, people had little follow-up care and experienced fragmented, or insufficient support and many times lacked a clear pathway to entering the behavioral health

system. Mayor Breed worked in partnership with Supervisor Hillary Ronen and then-Supervisor Matt Haney to craft the Mental Health SF legislation.

The launch of the OCC is part of an expansion of behavioral health resources in process over the last year, including the addition of 400 mental health and substance use treatment beds and the deployment of the Street Crisis Response Team, which responds to calls for emergency services for those struggling with mental illness and addiction. This is all part of San Francisco's strategy, including the Mayor's Homelessness Recovery Plan, to provide services for those in need and improve the conditions on the streets.

Although DPH has been developing the OCC for more than a year through pandemic-related delays, it was the Emergency Declaration in the Tenderloin in December that provided the expedited hiring path needed to complete the staffing required to launch the OCC. The inaugural Director of the OCC, Heather Weisbrod, has been a DPH employee for 16 years and most recently served as the Director of Transitional Aged Youth (TAY) System of Care. She now leads a team of 20 staff members that will expand to 40 by this summer. OCC staff include behavioral health clinicians, registered nurses, health workers, and peer specialists with lived experience with mental health and/or substance use disorders.

When fully expanded, the OCC expects to manage the cases of 4,000 individuals annually who have mental health and/or substance use disorders, and who have been historically underserved by the healthcare system because of trauma, homelessness, racism, and other social determinants of health.

The OCC will follow clients transitioning between systems of care, including those leaving jail, Zuckerberg San Francisco General Hospital's Psychiatric Emergency Services (PES), and the hospital's emergency department. These transitions are a time of vulnerability, and the OCC ensures clients stay engaged with the health care system, including accompanying clients to appointments when needed rather than simply making a referral. The OCC's efforts can improve health equity by lowering the barriers to care and by utilizing a diverse staff who have language capacity and are reflective of communities in San Francisco.

Additionally, the OCC will carefully follow people who receive 5150s, an involuntary hold due to a mental health challenge, so that it can scale interventions as needed. This could include in-person outreach if the person is not connecting to care. And the OCC supports incoming calls to the City's 24/7 Behavioral Health Access Line where people can call for information on accessing care (415-255-3737 or 888-246-3333). In addition to case management and behavioral health access programs, the OCC will also provide enrollment services and connect uninsured San Franciscans to Medi-Cal and Healthy SF.

Opening the OCC has been a multi-phase effort beginning with a pilot that launched in April 2021 to provide follow-up case management for individuals seen by the Street Crisis Response Team (SCRT). In March 2022, the OCC team was actively working with 72 individuals identified through a SCRT crisis contact to support and connect them to ongoing care.

DPH is also expanding its most intensive case management support for the people who are already within the system of care and have the most complex needs. More than 100 individuals are currently on a wait list for the Intensive Case Management program and need additional supports or risk falling out of care. Expansion of that case management program is in process, and in coordination with the OCC will stitch together an effective network of case managers for people at all stages of care.

Mental Health SF is focused on serving people experiencing homelessness. For more information on Mental Health SF, go to: sf.gov/information/mental-health-sf.

DPH, KAISER, AND SF OFFICE OF ECONOMIC AND WORKFORCE DEVELOPMENT PARTNER FOR DOWNTOWN WORKFORCE VACCINE EVENT

On May 9, Mayor London Breed, in partnership with SEIU Local 87 and the SF Labor Council, hosted a drop-in COVID-19 Vaccination at the new Kaiser Permanente's "Care Essentials" location at Salesforce Transit Center. DPH's Vaccine Team collaborated with Kaiser Permanente and the SF Office of Economic and Workforce Development to provide COVID vaccinations and boosters to workers in the custodial, hotel, construction, and restaurant industries who are returning to work in the downtown sector. The pop-up also provided visitors with information and access to relief programs, as well as a speaking program highlighting the importance of health resources for essential workers.

SF BECOMES THE FIRST CITY IN THE NATION TO OFFER FREE DIAPERS TO ALL FAMILIES ON PUBLIC BENEFITS

Mayor London N. Breed announced the nation's first city-funded program that provides diapers for all low-income families on public benefits. Her announcement expands program eligibility to include any family that receives Medi-Cal coverage and effectively doubles the number of eligible families that can receive free diapers through the San Francisco Diaper Bank.

The average monthly diaper bill for a child under three years old can range from \$80-\$100 per month, with infants needing up to twelve diapers a day and toddlers about eight a day. Yet, most state and federal safety net programs for families do not currently recognize diapers as a necessity.

The high cost of diapers creates a "diaper need" for low-income families, which is the lack of a sufficient supply to keep an infant or child clean, dry, and healthy. More than a third of families in the United States experience diaper need and are forced to make difficult decisions, often choosing between diapers and other necessities such as groceries, rent, and clothing. By alleviating the heavy burden of the cost of diapers for low-income parents and caregivers, the San Francisco Diaper Bank increases families' ability to pay for other necessities.

Because a supply of clean diapers is required to attend most childcare programs, the San Francisco Diaper Bank increases access to these programs for low-income infants and toddlers, promoting their healthy development and well-being.

Since its inception, the San Francisco Diaper Bank has supplied diapers to more than 5,800 San Francisco infants and toddlers, with 95% of the families served identifying as Black, Indigenous, and People of Color; and 48% speak a language other than English at home.

Families who receive CalWORKs, CalFresh, or Medi-Cal in San Francisco can visit one of nine [community pick up locations](#) to request free diapers. Program participants are required to show their CalFresh [EBT](#) card or Medi-Cal Benefits Identification Card ("BIC card") and a valid government issued ID card. Participation in the Diaper Bank will not reduce monthly benefit amounts for food and cash assistance. For any questions, call SFHSA at (415) 558-4700.

[DPH in the News](#)

Commissioner Comments:

Commissioner Chow asked for clarification regarding the length of time the Kaiser/DPH pop up testing program will be available. Director Colfax stated that the pop-up event is a vaccination site organized with DPH and labor unions. He is unsure of the duration of the site.

4) **COVID-19 UPDATE**

Grant Colfax MD, DPH Director of Health, presented the item.

Public Comment:

(Note: It is not always possible to clearly hear the names of individuals making public comment. When a name is not clear, the person has been identified as "Caller." Written public comment is limited to 150 words.)

A caller stated that there is 99% chance that someone in a crowd of people is infected with COVID-19. They urged the Health Commission to reinstitute mask mandates because masks work. Unfortunately, vaccinations have not prevented people from experiencing long COVID.

Julie, parent of a public school student, requested a return to mask mandates in schools because the COVID-19 rates in schools now are the same rates as they were during the Omicron surges; citywide COVID infection rates are the same as they were during the Delta surge. It is important to require masks on public transportation and in schools.

Cathy Deluca works with disabled individuals and seniors, connecting them with transportation and other services. She urged a reinstatement of a mask mandate because many clients she works with take MUNI or paratransit services. Many of these individuals are immune compromised, recovering from surgery, and/or elderly. She noted that requiring masks for all paratransit passengers would make it safer for all riders.

Beth Kinley urged a mask mandate because they are immune compromised and is concerned about long COVID or death. The CDC Director said that 75% of deaths occurred within families who infected each other. The speaker noted that since on 35% of children in California are vaccinated, and attend schools with no mask mandates, this situation invites COVID transmission. They added, "We are terrified seniors, children, vulnerable diverse communities, and people with chronic illness. This is an equity issue."

Raya Small, Senior and Disability Action, requested a reinstatement of mask mandates, noting that the SFDPH has encouraged individuals to make a plan in case they get COVID but there is no public health plan to prevent community-wide cases. They noted that many people do not have primary care physicians or health insurance. Their organization has witnessed individuals infected with COVID-19 every 3 months.

Jen, Senior and Disability Action, requested a reinstatement of indoor mask mandates because of the new information coming out about long COVID. Vaccines may reduce risk, but not eliminate the possibility of getting long COVID.

Karen, diagnosed with autism and obesity, stated that many disabled people rely on public transportation. Mask requirements protect everyone. They stated that everyone can get long COVID. It is important to protect everyone.

Joe, a disabled man, stated that mask mandates are a moral issue. We must make San Francisco safe for everyone. He urged the Commissioners to resign if they cannot lead.

Charlie Young was in his 30's when he was infected with long COVID. He added that 1 in 20 people with COVID have a chance of developing long COVID. He urged the DPH and Health Commission to take into consideration that every COVID infection could result in long-term sickness.

Shanna Rees, Social Worker, stated that they have a child under 5 years old and it is difficult to be in public without masks. A certain percentage of children will become infected without mask mandates; how is this acceptable?

Martin, a parent of a public school student requested that the mask mandate be reinstated. They are notified 2-3 times a week that their child has come into contact with a COVID-infected teacher or student. Many children are not vaccinated because they are too young to be eligible. They added that multi-generational households are at risk.

Sam, a mom of two public school students is angry that public health officials have let down the community. The amount of COVID needs to be reduced from the air and there should be better ventilation and masking mandates.

A mother of three school-aged children urged public service announcements about high quality masks and urged mask mandates.

Jessica Lehman, Senior and Disability Action Executive Director, urged mask mandates on public transportation and government buildings. She added that too often seniors, individuals with disabilities, and/or who are immune compromised are being ignored. She urged the DPH and health care providers to take a stand on these issues.

A caller stated that masks are required in the Health Commission meeting but not on public transportation. The focus on personal COVID preparedness makes them feel like the DPH/Health Commission has abandoned the most vulnerable.

Mark Morgan, 66 years old and a San Francisco resident, has COVID in March of 2020 and has experienced long COVID symptoms since that time. He caught COVID again when he went to get a booster shot. He noted that one mask does not provide protection when someone is elderly, disabled, immune compromised or vulnerable in other ways.

Lisa stated that she is grateful to everyone who has worked to try to keep City healthy during pandemic. She requested a reinstatement of the indoor and public transit mask mandate.

Leah, Senior Disability Action Group, was in a meeting with the MTA Director, who said he has been meeting with DPH, who were not in favor for instituting mask mandates on MUNI. She added that there are no benchmarks for reinstating a mask mandate. 40% of people who have COVID experience lingering symptoms; some health insurance companies are using COVID as a pre-existing condition and denying coverage. Therefore, this is a public health issue.

Sarah Lerner submitted the following written comments:

As a May 3rd SF Chronicle article noted, "New COVID-19 infections in the [Bay Area] have risen 167% in the same month that saw the state dropping most mitigation measures, including vaccine verification and mask requirements." All nine Bay Area counties now have a "high" level of coronavirus transmission according to CDC metrics. SF county has the highest COVID infection rates in CA. Public health officials need to take the risks of Long COVID seriously — which can and does affect even the healthiest among us. Doing everything possible to decrease transmission IS true leadership. It's not only in line with the science (COVID is airborne, universal masking is the most effective) but it is the moral thing to do: reinstate mask mandates.

Lee Worden, an infectious disease researcher studying covid transmission, working in SF, provided the following comments and submitted a written summary:

We're in another surge of COVID cases, and it's probably not the last, since the virus is circulating all over the world and new variants continue to arise. Many of us can expect to be infected over and over. Long COVID can be permanently disabling. Even vaccinated and boosted people are at risk of long COVID, and the risk of long COVID appears to be at least 5% each time you're infected, adding up to a

substantial risk of serious harm over time. This makes it crucial to reduce transmission. Many essential workers have no choice but to use public transit and otherwise face the public. The risks of COVID are disproportionately borne by people of color and people with disabilities. Requiring masking is a reasonable and necessary public health measure.

Jennifer Lerner, submitted the following written public comment:

It was deeply disturbing to me that Director Colfax expressed in the 5/3 COVID update that essentially hospitalization/ICU numbers were more important than case rates, citing high vax/boost rates in SF and hospital stats. Hospitalization and ICU numbers aren't the only stats that matter, and poor health outcomes go beyond just hospitalization or death. Anywhere from 5-30% of COVID survivors are estimated to get Long COVID, which translates to millions of people in this country. Vaxxed and boosted people can still get Long COVID - even those who are at "low risk" for hospitalization & death, as Long COVID can arise from mild and even asymptomatic cases. We are in the midst of an ongoing mass disabling event. SF is in a surge right now. Stop normalizing mass infection and playing politics with public health. Only "strongly recommending masks" doesn't go far enough - mandate masks now!!

Susan Kitazawa, RN, submitted the following written comment:

I hope masking will be required for passengers and drivers on public transit. It's not possible to socially distance on increasingly crowded, moving transit vehicles. One cannot simply step further away as one can in a store. Transit riders are often unable to choose times when fewer people are present, e.g. getting to and from an MD appointment close to school dismissal time. A large percentage of frail elders and medically vulnerable people depend on Muni and paratransit. I write to ask your consideration of these realities on public transit. I'm an RN retired from public sector work in SF. I depend on Muni and paratransit. I am 75, legally blind, and immune-compromised. I write to be a voice for others who need protection.

Sophie Rich submitted the following written public comment:

Dear Dr. Philip & San Francisco Health Commission, Please reinstate the mask mandate in essential public indoor spaces, including public transportation and in our public schools. Our most marginalized communities rely on these services and COVID transmission levels are currently dangerously high. Please do more to educate the public through PSAs, signage etc. regarding potential risks for repeated COVID exposure. Honestly I find it appalling that 2 years in to the pandemic we still have zero public health messaging regarding the risks of long-term health damage from repeated exposure. Hospitalizations and deaths are not the only negative outcomes of COVID. Public health should include keeping people healthy. Layers of protection, including vaccines and KN95-quality masking indoors in public, are essential in curtailing the spread of this rapidly-evolving virus. Please give people the information so that they can make better decisions. And while transmission levels are high, please require masking indoors in *(This comment was cut off at 150 words)*

Amy Berkowitz submitted the following written public comment:

San Francisco has nothing to lose and everything to gain by reinstating the mask mandate. With a 9% test positivity rate and even more covid cases going uncounted, now is not the time to let the virus continue to spread. Last year, when our city was a leader in requiring masks, I felt proud to be a San Francisco resident. Now I'm embarrassed by how our policy is prioritizing the manufactured fantasy of "the end of the pandemic" over people's lives and well-being. No one exists in isolation: People who are older, pregnant, chronically ill, too young to get vaccinated, or immunocompromised for any other reason cannot stay safe unless we ALL mask. Long covid is real and the pandemic is a mass disabling event. If you only care about that for financial reasons, that should be enough: what will become of our economy when everyone's too sick to work?

Liza Fitzgerald submitted the following written public comment:

I am immunocompromised. I do not want my safety to be further compromised. I do not want my mental health, my ability to move in the world, to be safe in public, to be more compromised than it already is. Masks protect me. They protect me and my fellow humans whose immune systems are not quite as strong, it protects me and my disabled siblings, it protects our elders, our children, it protects the abled who have no idea what it's like to have a chronic illness (like Long Covid) from having to suffer more in this life. Masks are annoying - but my death or sustained unwellness, the death of my spirit in isolation, the deaths of others, their pain and suffering - it is tragic and preventable. Reinstate the mask mandate, now. Thank you.

Serena McNair, District 6 Resident, submitted the following written public comment:

I am writing to ask that the Health Commission reinstate a mask mandate in all public places, including public transit. Case counts are rising dramatically, and it is not acceptable for the city and county to stand by and do nothing. We do not fully understand Long COVID, and we cannot keep putting this city's most vulnerable people at risk. Vaccinated people can still contract COVID and spread it to others, and estimates put the rate of contracting Long COVID at 10% of all cases. The city needs to do everything in its power to limit the spread of COVID and prevent thousands of San Franciscans from developing long-term disabilities. Every day without the mask mandate means more illness, more long-term disability, additional lives lost, and more grieving families. Please reinstate the mandate, for all of us.

Laura Silberstein submitted the following written public comment:

Please re-instate an indoor mask mandate to protect us from the current surge of the new highly infectious immune-system-resistant Omicron sub-variant. We are disabling an entire generation and increasing the public's distrust of government if we fail to act to protect our kids and the public. The SF Bay Area led the nation in COVID safety before lifting the mask mandate; let's do it again. We can't afford to lose any more lives or disable any more folks. Failure to protect them and the vulnerable populations is unethical, shameful. Please: STEP UP! Also: all schools should be required to meet ventilation standards that keep air filtered and [CO2] below 600 ppm. At the same time, push for ventilation standards in public indoor venues. If you want folks back in movie seats, theaters, restaurants, etc., mandate posting [CO2] readings as a condition of the business license. This is not rocket science.

Commissioner Comments:

Commissioner Green asked for clarification regarding the DPH and Health Officer jurisdiction in regard to making COVID-related public health orders. Dr. Susan Philip, San Francisco Health Officer and Director of the DPH Population Health Division, stated that masking is still required in healthcare facilities, correction facilities, and shelters. She noted that San Francisco continues to take a regional approach regarding implementation of county-wide mask mandates. The San Francisco Health Officer has authority to decide city-wide public health orders/policies. She added that high quality masks, vaccines, boosters, and treatments are now available, which impact regional public health policy. Dr. Philip also stated that the Director of MUNI has the authority to implement mask mandates on public transportation in San Francisco.

Commissioner Chow noted that the public comments reflected what Health Commissioners may be hearing from friends and family. He noted particular concern regarding paratransit passengers riding with others who are not masked or vaccinated. He asked if there is anything else Dr. Philip or the SFDPH could do regarding the situation with MUNI. Dr. Philip stated that she and the SFDPH have kept lines of communication open with the MTA leadership as well as regional health officers.

5) GENERAL PUBLIC COMMENT

A retired school teacher stated that she does not want any public health decision that will put her or other vulnerable individuals in danger. She added that it seems both the DPH and MUNI leadership are “passing the buck” regarding mask mandates.

6) LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER UPDATE

Michael Phillips, MHA, FACHE, LHH CEO, presented the item.

Commissioner Comments:

Commissioner Chow asked how families have reacted to the news regarding the LHH recertification efforts, noting that there were two letters sent, one indicating LHH must develop discharge plans and the other stating that LHH plans on readmitting patients once Medicare/MediCal recertification is achieved. Mr. Phillips stated that it may take time for families to process all the information provided to them in a short period of time.

Commissioner Chow asked when LHH patient assessments will be conducted. Mr. Phillips stated that each assessment takes 3 hours; 9 patient assessments will be conducted each week.

Commissioner Green noted that many of the suggested placement sites likely have long waitlists or are out of financial reach for many of the LHH patients. She stated that many family members may only have the option of public transportation to visit patients. She asked if LHH will provide a list of available skilled nursing facility beds. Mr. Phillips noted that some of the facilities on the list do not have available beds; LHH is contacting all listed facilities twice per week to ensure they are not missing an available bed. He added that LHH is developing a dashboard, which will include aggregate discharge data, that will be provided to the Commission.

Commissioner Green voiced concern that families of LHH patients may feel that they must find placements for their family members. Mr. Phillips stated that LHH is responsible for making calls to facilities and making discharge arrangement for patients.

Commissioner Bernal thanked the LHH team and acknowledged the hard work it took to develop the mandatory Closure and Transition plan that enables continued funding of current patients. He noted there seems to be two parallel tracks: Closure and Transition Plan and the recertification process. Mr. Phillips stated that most of the LHH work has been in preparing the organization for the recertification survey process. This has included preparing personnel files, training documentation, improving the overall environment, and ensuring staff are following policies and procedures. He added that two teams are rounding throughout the facility conducting survey preparation.

Commissioner Bernal asked Mr. Phillip to clarify whether the LHH license has been impacted. Mr. Phillips stated that the California Department of Public Health licenses LHH through annual surveys; LHH is anticipating its annual survey at any time. At this time, there are no issues with LHH’s license. Mr. Phillips also stated that the Centers for Medicare and Medicaid Services (CMS) is a payor for the majority of LHH patients; LHH is striving to be recertified in the CMS program. Commissioner Bernal noted that CMS required the Closure and Transition Plan in order for LHH to continue to receive payment for current Medicare and Medi-Cal patients.

7) DPH USAGE OF GRANT AGREEMENTS AND PROPOSED SOLICITATION WAIVER PROCESS

Michelle Ruggels, Director of the SFDPH Business Office, presented the item.

Commissioner Comments:

Commissioner Chow is in favor of the new process and requested that DPH contracts continue to be brought to the Finance and Planning Committee for review.

Action Taken: The Health Commission unanimously voted to approve the sole source waiver request approval process, which, designates the Health Commission Secretary, as the DPH authorized designee to approve the DPH 21G.8 Sole Source Grant Solicitation Waiver Requests in accordance with Resolution #001-85 authorizing the Secretary of the Health Commission to Sign Routine Documents on behalf of the Health Commission.

8) DPH REVENUE AND EXPENDITURE 3rd QUARTER REPORT

Jenny Louie, DPH CFO, presented the item.

Commissioner Comments:

Commissioner Chow thanked Ms. Louie for the comprehensive budget update.

Commissioner Giraudo thanked Ms. Louie for making a very complex budget update clear and understandable.

Commissioner Green asked how the DPH is preparing for the uncertainty of COVID funding, especially if there is another surge that requires a ramp-up of testing and other related services. Ms. Louie stated that the DPH is working closely with the Mayor's Office and Controller's Office to finalize the DPH COVID-19 budget. She added that FEMA reimbursement may take years to receive the funds so budgets and budget updates will note this issue.

9) DPH BEHAVIORAL HEALTH SERVICES UPDATE

Hillary Kunins, MD, MPH, Director of BHS and Mental Health SF, presented the item.

Commissioner Comments:

Commissioner Chow thanked Dr. Kunins for the in-depth update. He noted that in the presentation, there is only one line devoted to Asian/Pacific Islander equity issues. Dr. Kunins stated that the equity slide was primarily focused on Black/African American community needs. She expects to conduct similar work with other San Francisco communities and will provide that information to the Health Commission in her quarterly updates. She noted that recent behavioral health job listings have included specification for linguistic and cultural concordant care. The DPH is still recruiting for Mandarin, Cantonese, and Tagalog speaking clinicians.

Commissioner Green commended Dr. Kunins for progress made.

Commissioner Giraudo looks forward to continued progress for DPH behavioral health services for children and adolescents.

Director Colfax thanked Dr. Kunins for her leadership and vision.

10) TENDERLOIN CENTER OVERVIEW AND UPDATES

Krista Gaeta, MSW, Director Tenderloin Response for DPH, presented the item.

Commissioner Comments:

Commissioner Bernal thanked Ms. Gaeta for providing information regarding the flow of the Center's guests, noting it is helpful to understand the participant's experience.

Director Colfax thanked Ms. Gaeta for her dedication and leadership for the Center.

11) COMMUNITY AND PUBLIC HEALTH COMMITTEE UPDATE

This item was deferred to the June 7, 2022 Health Commission meeting.

12) OTHER BUSINESS:

This item was not discussed.

13) JOINT CONFERENCE COMMITTEE AND OTHER COMMITTEE REPORTS

This item was deferred to the June 7, 2022 Health Commission meeting.

14) ADJOURNMENT

The meeting was adjourned at 7:19pm.